STATE OF MONTANA Department of Public Health and Human Services Quality Assurance Division

Program Documentation Guide Shelter Care Facility

I. Documentation Received

Complete documentation of the following is required of all **new** applicants. Applicants for renewal may be allowed to submit only those changes that have been made since their last licensure.

	Yes No		-	npilance		
A. ARM 37.97.805(2)and 35.2.212 and 35.2.217 MCA Articles of Incorporation and/o				[]	
1. ARM 37.97.805, 37.97.838 Personnel a. Staff training records b. Minimum qualifications for staff]]]]	
c. Procedures for screening applicants includes assurances that all staff _ at least 18 years of age _ of good moral character _ physically, mentally and emotionally competent to care for children _ in good general health [] []	are:]] []]]	[]	
d. Position descriptions for all staff		[]	[]	
2. ARM 37.97.805 Admission/Discharge		[]	[]	
3. ARM 37.97.805 Program Records a. ARM 37.97.130 Serious incidents are reported within one working day placing worker and licensing specialist	to the]]	[]	
b. ARM 37.97.130(4) Mandatory Reporting Law. Provider or staff report 24 hours to the local CPS office any incidents of known or suspected child abuse or neglect	ulli within]			
 c. ARM 37.97.825 Infractions of Discipline policy are reported to the Dep (ie. Licensing Specialist) within 24 hours of infraction 	artment]	[]	
4. ARM 37.97.805, 37.97.821 Financial Records_ Separate records for resident's money	[]] []	[]	
5. ARM 37.97.825 Discipline		[]	[]	
 6. ARM 37.97.820 Searches a. Pat down b. Personal property (including protocol) c. Correspondence d. Urinalysis]]]]]]]]]] []]]]]	
7. Orientation Policiesa. ARM 37.97.830 Youthb. ARM 37.97.838 Staff]]]]	
8. ARM 37.97.831 Medication a. Administration b. Documentation c. Disposal]]]]]]]]]]	

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The provider has documentation of the following on file as seen by the licensing specialist or has submitted with

annual a

	RM 37.97.132 and 37.97.838 Staff		omp es		ce O
1.	General Requirements				
	a. Health Statements				
	_ DFS-033 completed by and submitted on each staff member	Г	1	ſ	1
	_ DFS-33a completed by and submitted on staff member's (as needed)	L]]	ſ	i
	b. Successful criminal records and protective services check has been	L	1	L	1
		г	1	г	1
	completed on each staff	L]	L	J
	c. Program has one "designated staff person" who is responsible for the				
	administration and management of the facility, including the supervision of the				
	services provided to youth in placement.	[]	[]
	Any "designated staff person" referred to in ARM 37.97.838 hired after 2/13/98 must have the following qualifications:				
	_ Bachelor's degree from an accredited college or university in behavioral				
		г	1	г	1
	 2 years of direct work experience in youth services 	[]	L]
3.	ARM 37.97.838 (7)(8) Staff:Resident Ratios				
	a. Resident to staff ratio never exceeds 8:1	[]	[]
	b. At least one staff person provides awake coverage during designated	-	_	_	-
	sleep hours	ſ	1	ſ	1
	c. At least one staff person is present anytime a youth is in the home	ì	í	i	i
		٠	•	٠	•
4.	Staff Training ARM 37.97.838				
	1. Within the first 30 days of the date of hire, all child care staff receive a minimum				
	of 16 hours of orientation.	[1	ſ	1
	Orientation includes:	L	,	L	,
	a. providers policy, procedures and program	г	1	г	1
		L	J	L	J
	b. mandatory child abuse reporting laws	Ĺ	j	Ļ	j
	c. crisis intervention methodologies	L	J	L	J
	d. fire safety, including facility evacuation routes and proper use of fire	_	_	_	_
	extinguisher; and	l]	L]
	e. confidentiality	[]	[]
	child care staff on duty with any youth the employee receives the following training:				
	 a. the providers response plan for critical behavioral and medical incidents; 	[]	[]
	and				
	b. suicide prevention	ſ	1	ſ	1
	on duty, the employee receives training in CPR and first aid	i]]]	i]
	5. In their first year of employment staff attend 14 hours of training in addition	i	i	i	i
	to their participation in employee orientation		,		,
	to their participation in employee enemation				
		C	omp	lian	-
			es S	N	
	topics which are relevant to the child care staff persons responsibilities in		,,	14	•
	·	г	1	г	1
	the facility	L]	L	J
Þ	ARM 37.97.810 Nutrition				
D.		г	1	г	1
	Copies of menus as served for past month	L	J	Ĺ]

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Physicians orders for special diets	[]	[]	
C. ARM 37.97.833 Safety					
Date and signature of person checking:					
_ Batteries in smoke detectors (monthly)	[]	[]	
_ Fire extinguisher(s) (quarterly)	[]	[]	
D. ARM 37.97.843 Resident Case Records					
(Licensing specialist should review a percentage of open and closed case files)					
The following information must be on file for each resident regardless of funding or referral					
source. Records pertaining to individual children or youth not placed by or in the custody of the)				
department shall be available to the department for licensing purposes. Records are not to be					
removed from the premises for purposes of completing licensing study.					
Each case record contains the following minimum information:					
The name and sex of the youth;	Į	ļ	Į	ļ	
2. Date of admission and placing agency;	L	J	L	J	
 Educational data from the time of admission until the time the youth leaves the facility; 	г	1	г	1	
Date of discharge, reason for discharge and the name, telephone number	L	1	L	1	
and address of the person or agency to whom the youth was discharged; and	ſ	1	ſ]	
5. The name, address, and telephone number of the parent(s) or guardian	•	•	٠	•	
of the youth.	[]	[]	
If available: each youth's case record includes:					
6. the birthdate and birthplace of the youth;	[]	[]	
7. if youth was not living with his parents, the name, address, telephone number and					
relationship of the person with whom the youth was living prior to admission; and	[]	[]	
8. the youth's social security number.					
Provider has documented that within 72 hours of the youth's placement, steps					
have been taken to obtain the following:9. all documents related to the referral of the youth to the facility as provided by the					
placing agency;	г	1	г	1	
10. youth court status, if applicable;	I L	i	ſ	i	
11. a copy of the youth's birth certificate or a written statement of the youth's	L	,	٠	,	
birth date including the source of this information;	[]	[]	
12. consent forms signed by the parents or guardian prior to the youth's admission	_	_	_	_	
to the shelter care facility allowing the provider to authorize all necessary medical care,					
routine tests, immunization and medial or surgical treatment;	[]	[]	
13. cumulative health records including medical history and immunization records				,	
as provided by the placing agency; 14. dental records;	Į	j	l	J	
14. dental records, 15. education records and reports; and	L	J 1	L	J	
16. treatment or clinical records and reports;	L T	ı 1	I I	1	
To. treatment of chinical records and reports,	L	J	L	1	
	С	omp	oliar	nce	
		es		lo	
1 37.97.842 Placement Agreement1. Placement agreement is signed with the placing agency within 5 working days of					
the youth's admission	ſ]	ſ	1	
 Placement agreement contains terms of the youth's placement, responsibilities of provider, 		•		•	
placing agency, and parents	ſ	1	ſ	1	

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H. ARM 37.97.843(4) Initial Assessment An initial assessment of the youth's emotional, medical, developmental, social and behavioral status has been conducted within 8 hours of the youth's admission	[]	[1
 I. ARM 37.97.843(5) Case Plan Case plan initiated within 3 days for any youth whose projected stay is anticipated to be longer than one week. Case plan contains: a. the projected length of the youth's stay b. a plan for assessing and addressing critical needs c. a day program plan for youth who will not be enrolled in the school system d. a plan for the youth's transition out of placement]]]]]]]] []]]
 J. Significant Events ARM 37.97.130 All serious Incidents are documented in individual youth's case file ARM 37.97.820 Court order or treatment plan in youth individual case file for any youth subject to urinalysis testing ARM 37.97.820 All instances of search and UA testing are documented in individual youth's case file ARM 37.97.825 All infractions of discipline ARM are documented in individual youth's case file O. Facility and/or Program Improvements:]]]]] []]]]
Please note what general or specific improvements this provider has made in the facility or program in the	ie na	ıst ve	ear	
Facility and/or Program Improvements Continued:				
Licensing Specialist's Comments:				

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Signature of Licensing Specialist	Date	